

## California Children's Services

### DESCRIPTION OF MAJOR SERVICES

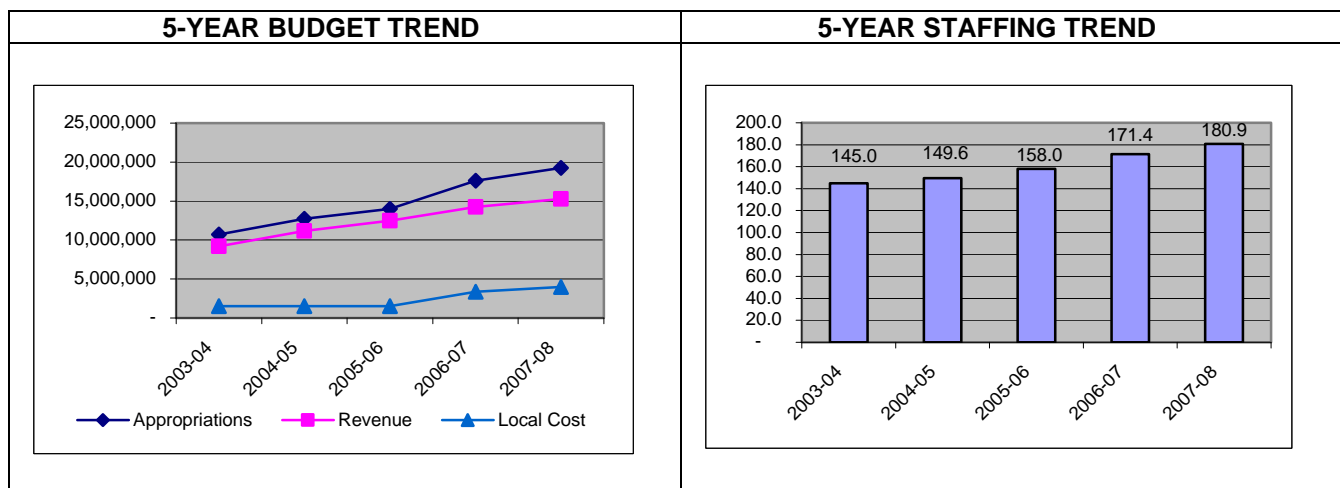
California Children's Services (CCS) is a state program that provides case management, diagnosis, and treatment services to individuals up to 21 years of age with severe qualifying medical conditions and whose families are unable to pay for all or part of their care. State law requires the county to maintain a mandated minimum funding level. In addition to realignment dollars and the county's mandated contribution, funding also comes from Medi-Cal, private insurance, and patient co-payments. Revenues are based upon individual client eligibility for specific programs such as Medi-Cal, Healthy Families, or CCS alone (people who do not qualify for other programs or cannot afford to pay their Medi-Cal co-share payments).

The revenue breakdown among federal, state, realignment, and county general fund support depends on the type of services provided under this program. This program provides two types of services:

1. **Administrative Component** – Case management activities which include determining program eligibility, evaluating needs for specific services, determining the appropriate providers, and authorizing/paying for medically necessary care. Administrative funding is based on staffing standards and caseload mix of CCS clients. In other words, it depends on which federal, state, or county program in which the children are enrolled.
  - Medi-Cal accounts for approximately 69%. Federal and state funds reimburse CCS for 100% of the costs.
  - Healthy Families accounts for approximately 11%. This federal and state program reimburses CCS for 82.5% of the costs. The remaining 17.5% local share is equally funded by Social Services Realignment (8.75%) and general fund support (8.75%).
  - CCS or Non-Medi-Cal caseload accounts for approximately 20%. Federal and state funds account for 50% of the costs associated with treating this clientele. The remaining 50% is split equally between Social Services Realignment (25%) and general fund support (25%).
2. **Medical Therapy Component** – Provides physical therapy, occupational therapy, and medical therapy conference services. Licensed physical therapists and certified occupational therapists provide evaluation, treatment, consultation services, and case management.

The state reimburses the county 50% of the costs incurred by this program. The remaining 50% is equally funded by Social Services Realignment and general fund support. Additionally, this program is allowed to bill Medi-Cal for therapy provided to Medi-Cal eligible clients. This revenue is split 75% state and 25% county. Approximately 69% of the caseload in the medical therapy component is Medi-Cal eligible.

### BUDGET HISTORY



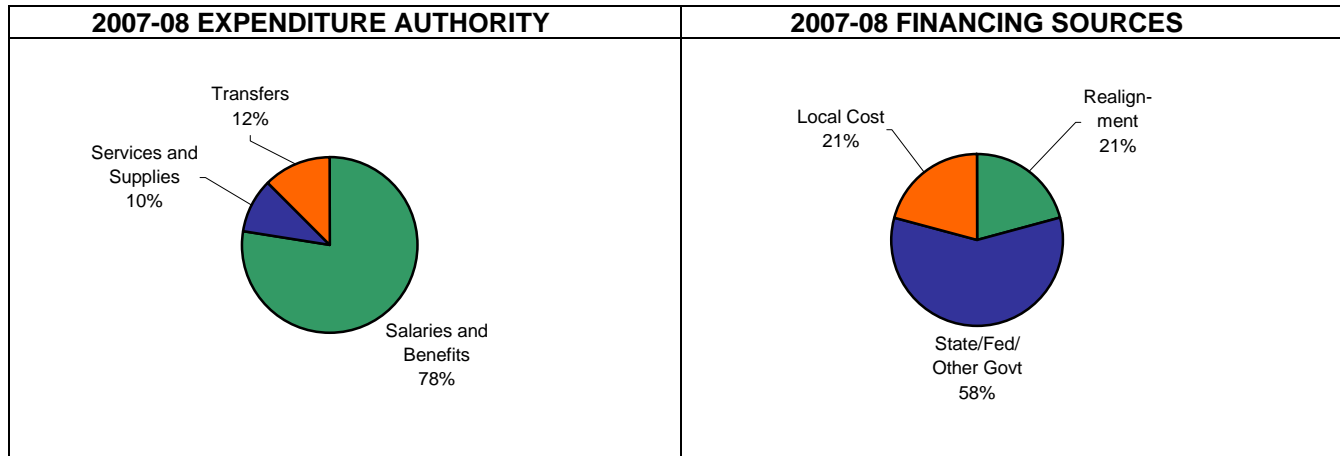
**PERFORMANCE HISTORY**

	<b>2003-04 Actual</b>	<b>2004-05 Actual</b>	<b>2005-06 Actual</b>	<b>2006-07 Modified Budget</b>	<b>2006-07 Actual</b>
Appropriation	10,044,604	11,041,819	14,054,913	17,604,866	15,083,111
Departmental Revenue	8,567,764	9,118,390	11,023,247	14,251,621	11,962,630
Local Cost	1,476,840	1,923,429	3,031,666	3,353,245	3,120,481
Budgeted Staffing				171.4	

Actual appropriation for 2006-07 is less than modified budget primarily due to vacant positions which have been difficult to fill. Departmental revenue is also less than modified budget due to reduced claims to the state coupled with a shift in caseload from Medi-Cal clients to CCS clients.



## ANALYSIS OF FINAL BUDGET



**GROUP:** Administrative/Executive  
**DEPARTMENT:** Public Health  
**FUND:** General

**BUDGET UNIT:** AAA CCS  
**FUNCTION:** Health and Sanitation  
**ACTIVITY:** Hospital Care

	2003-04 Actual	2004-05 Actual	2005-06 Actual	2006-07 Actual	2006-07 Final Budget	2007-08 Final Budget	Change From 2006-07 Final Budget
<b>Appropriation</b>							
Salaries and Benefits	7,886,944	9,091,788	10,568,993	11,177,521	13,683,759	14,926,700	1,242,941
Services and Supplies	1,649,577	1,335,375	1,649,341	1,600,579	1,695,815	1,783,631	87,816
Central Computer	-	-	-	128,066	128,066	133,912	5,846
L/P Struct/Equip/Vehicles	-	-	7,004	-	-	-	-
Transfers	508,083	614,656	1,829,575	2,176,945	2,097,226	2,402,243	305,017
Total Appropriation	10,044,604	11,041,819	14,054,913	15,083,111	17,604,866	19,246,486	1,641,620
<b>Departmental Revenue</b>							
Realignment	1,476,840	1,923,419	3,012,979	3,120,482	3,353,245	3,984,187	630,942
State, Fed or Gov't Aid	7,047,123	7,098,263	7,983,596	8,800,737	10,868,142	11,247,878	379,736
Current Services	26,136	25,979	26,433	41,199	30,034	30,034	-
Other Revenue	17,665	70,729	239	212	200	200	-
Total Revenue	8,567,764	9,118,390	11,023,247	11,962,630	14,251,621	15,262,299	1,010,678
Local Cost	1,476,840	1,923,429	3,031,666	3,120,481	3,353,245	3,984,187	630,942
Budgeted Staffing					171.4	180.9	9.5

Salaries and benefits of \$14,926,700 fund 180.9 positions and are increasing by \$1,242,941 resulting from \$605,827 in expected MOU and retirement rate adjustments and \$637,114 to fund the addition of 9.5 positions necessary to comply with state mandated staffing requirements. Furthermore, the department is requesting the reclassification of a vacant CCS physician to a Medical Director which will supervise one CCS physician and one Office Assistant III. This position will also provide medical guidance to the physician, nursing staff, therapists, and program manager.

Services and supplies of \$1,783,631 include primarily payments to the state and other providers for treatment costs, medical supplies, and a planned computer and software upgrade. The slight increase of \$87,816 is related to treatment costs, COWCAP, and other minor miscellaneous expenses.

Transfers of \$2,402,243 include payments to the 1) Public Health budget unit for administrative costs, automated systems support, and nutritionist time; 2) Real Estate Services Department for lease costs; and 3) Human Resources for Employee Health and Productivity program and employment and advertising services. The increase of \$305,017 is primarily related to an increase in administrative costs paid to the Public Health budget unit.



Social services realignment and general fund support of \$3,984,187 each are increasing by \$630,942 to fund administrative expenses and costs in providing mandated treatment. State law requires the county to maintain a mandated minimum funding level for this program. This funding is provided 50% by social services realignment and 50% by general fund support.

State aid of \$11,247,878 is only increasing by \$379,736. The state share is not increasing at the same level as realignment and general fund support due to the shift in caseload from Medi-Cal clients (100% reimbursed) to CCS clients (50% reimbursed).

